

Name In Full

Certificate of Death

Infant Child of Wilbur Abbott

Town

County

Died near Middleton Frederick MARYLAND

Date 1902 Dec 19 Y. M. D. Native of Ind Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Wilbur Abbott

Mother's Name Annie Jenkins

Cause of Primary

Death Immediate Frisums

How long sick

Accident, Suicide, Homicide

Reported by E L Buckley Jr D

Address Middleton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edgar Shaffer Shalt

Town

County

Died at Near Middletown

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 3

Age 14 - 3 29

Md

School boy

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

None

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Pneumonia

How long sick

14 days

Death

Immediate

Cardiac Dilatation & Failure

Accident, Suicide, Homicide

Reported by

Dr. W. W. Ayman, M.D.

Address

Middletown

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Margaret Mc Baker

Town

County

MARYLAND

Died at Emmitsburg Frederick

Date 1902 March 5

Age 8 11 28 Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's Name James A Baker

Mother's

Maiden Name

Catherine S. Baker

Cause of Death

Primary

Purpura Hemorrhagica

How long sick

2 Months

Immediate

Pulmonary Congestion

Accident, Suicide, Homicide

Reported by Robert L. Hurran M.D.

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70896



Name In Full

Certificate of Death

Infant Viola Baker

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y

M.

D.

Native of

Occupation

March 10th Age 1. 4 Md Infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

*Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

12 hours

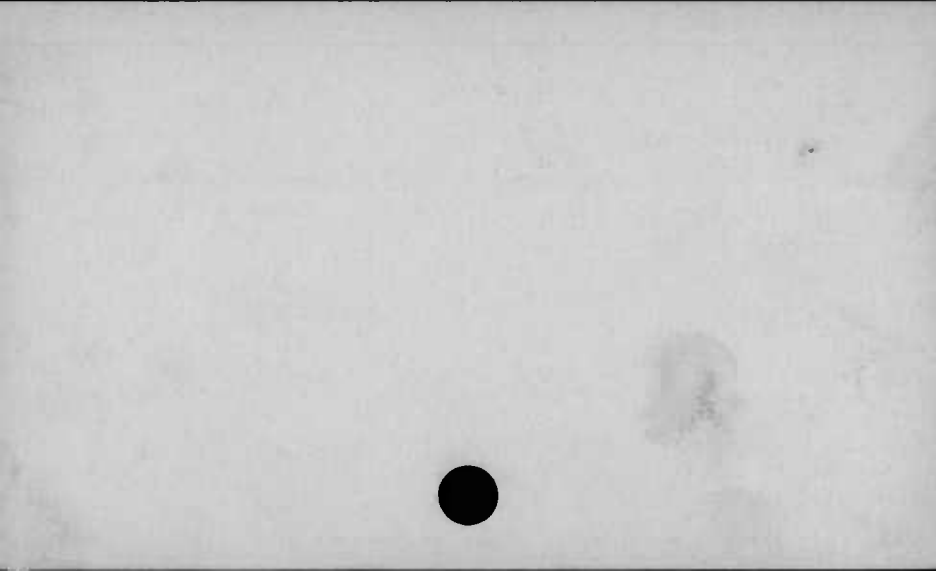
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Frank Beamer

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 15

Age

60

Va

Hod carrier

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

4

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Heavy cold

How long sick

6 mo

Death

Immediate

Consumption?

~~Accident, Suicide, Homicide~~

Reported by

A. T. Rice & Son's as there was

Address

no Physician in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Certificate of Death

Husband of		
Wife		
Father's Name	Gen. W. H. Butz	Mother's Maiden Name
		Sallie J. A. Lowe
Cause of	Primary	How long sick
	Capillary Bronchitis	10 days
Death	Immediate	Asphyxia
		Asphyxia, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lewis Pierley
 Town County

Died at

Frederick

MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902

July 28

Age *14*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's
Name

Charles

Mother's

Maiden Name

Margaret

Cause of

Primery

Epilepsy (Traumatic)

How long sick

6 yrs

Death

Immediate

Apoplexy

~~Accident, Suicide, Homicide~~

Reported by

Dr. McCurdy

Address

Filed 1902

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full *Edward J. Bourneand*
 Town *Frederick* County *Frederick* MARYLAND
 Died at *Frederick*

Date 19*02* *Mar* *18* Age *61. 6. 18* Native of *New York* Occupation *Priest*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☒ ~~Widower~~ Number of children living *—*

Husband of *—*Wife *—*

Father's

Name *Unknown*

Mother's

Maiden Name *Unknown*

Cause of

Primary

Parenchymatous Nephritis

How long sick

2 years

Death

Immediate

Laryngismus Stridulus~~Accident, Suicide, Homicide~~Reported by *Labrecq MD*Address *17 E 2nd St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John Bowman
 Died at Montrose Hospital Frederick MARYLAND
 Date 1902 3-16 02 72 X X Med. Laborer
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living none
 Husband of _____

Father's Name Unknown Mother's Name Unknown
 Maiden Name _____

Cause of Death { Primary Paralysis (Hemiplegia) How long sick 3 days
 { Immediate Cerebral pneumonia Accident, Suicide, Homicide

Reported by H.P. Fahrney Med 64

Address Frederick Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Amanda Brackston

Town

County

Died at Frederick

Frederick

MARYLAND

Date 1902 Month 3 Day 29 Age 60 Y. M. D. Native of Md Occupation Domestic.
~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 3

Husband of

Wife

Father's

Name

Henry Brackston
 Lee

Mother's

Name

Cause of { Primary Pulmonary Tuberculosis
 Death { Immediate Pulmonary hemorrhage

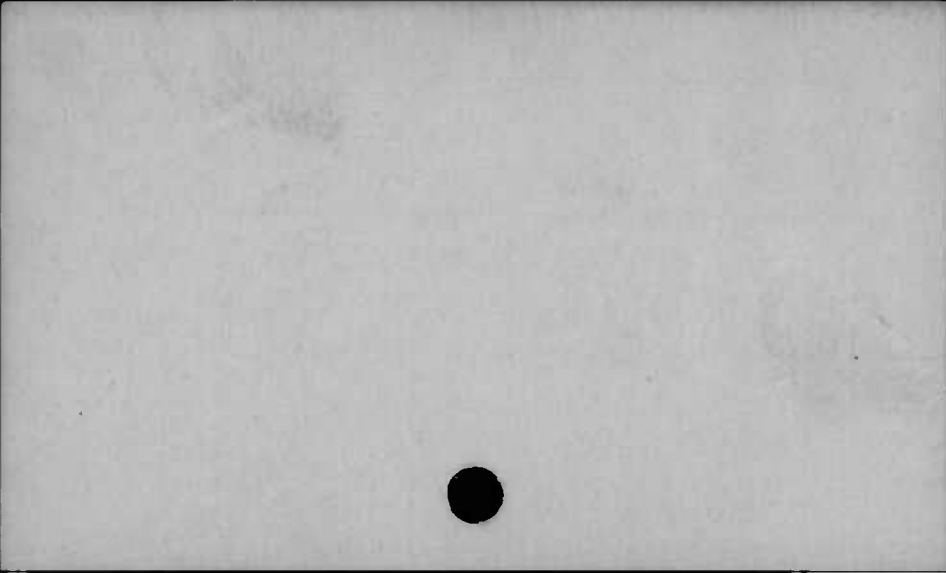
How long sick

Accident, Suicide, Homicide

Reported by H. F. Gendanner M.D.

Address 155 S. Park St Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Jesse W. Brown*
 Died at *Frederick* Town *Frederick* County *MD* MARYLAND

Date *1912* Month *3* Day *17* Y. *1* M. *9* D. *28* Native of *Ind* Occupation *X*
 Male *X* White *X* Married *X* Widowed *X* Divorced *X*
 Female *X* Colored *X* Single *X* Widower *X* Number of children living *X*

Husband of *X*
 Wife *X*
 Father's Name *Jesse W. Brown* Mother's Name *Fannie A. Hotts*

Cause of Death { Primary *Broncho-Pneumonia* How long sick
 Immediate *Acute Hydrocephalus. Spasms* Accident, Suicide, Homicide

Reported by *C. F. Goodace, M.D.*
 Address *95*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Name In Full

Certificate of Death

Franklin Webb Bruner

Town

County

Died at

Frederick

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

mar 14

Age

3. 11. 5.

Frederick

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Franklin E. Bruner

Mother's

Maiden Name

Emma E. Webb

Cause of

Primary

Scarlatina Maligna

How long sick

3 1/2 days

Death

Immediate

Toxaemia

~~Accident, Suicide, Homicide~~

Reported by

Labner M.D.

Address

17 E 2nd Street.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698



Died at *Leads City* Town *Leads City* County *Leads City* MARYLAND

Date 1902 *3* *16* Month *3* Day *16* Y. M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

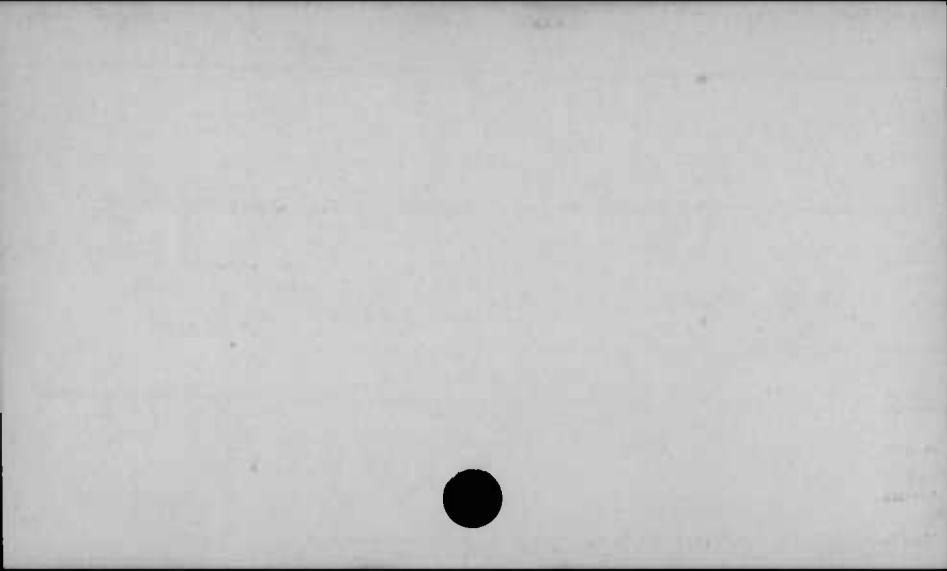
Wife

Father's Name *Noah E. L. Carter* Mother's Maiden Name *Anna Elizabeth Carter*

Cause of Death { Primary *Still Born* How long sick
 Immediate Accident, Suicide, Homicide

Reported by *Annie Jones*
 Address *Locust Alley*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Married~~

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Colonel Henry Culler

Town

County

MARYLAND

Died at

Jefferson

Andriick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

March 7

Age 84 9 6

Maryland

Retired

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband of

Marriet L. Hollingsworth

Father's

Mother's

Name

Henry Culler

Maiden Name

Anna

Feaster

Cause of

Primary

Heart disease (?) possibly fatty

How long sick

?

Death

Immediate

..

+ acute cold

Sudden death
~~Accident, Suicide, Homicide~~

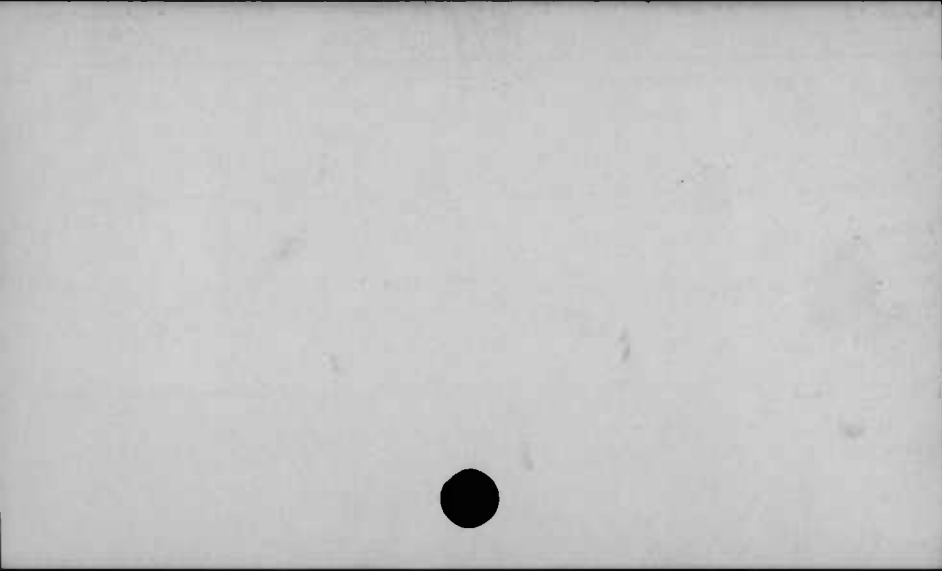
Reported by

C. W. R. Cramer, Jr. D.

Address

Jefferson, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cullen

Died at *Frederick* Town *Frederick* County *MARYLAND*

Date *1902* Month *3* Day *6* Y. *—* M. *—* D. *—* Native of *—* Occupation *—*

☒ Male ☐ Female
 ☐ White ☐ Colored
 ☒ Married ☐ Single
 ☐ Widow ☐ Widower
 ☒ Divorced
 Number of children living *—*

Husband of *X*

Wife

Father's Name *Philip Cullen* Mother's Name *Kate Shawen*

Cause of Death { Primary *Premature Birth* How long sick *✓*

Death { Immediate *Shock* Accident, Suicide, Homicide

Reported by *W. J. Jordan M.D.*

Address *[Redacted]*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065



Jesse Davis
 Town Frederick County

Died at

Frederick City -

MARYLAND

Date 1902

Month Day

3-18

Y. M. D.

Age 68

Native of

US-

Occupation

Plasterer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 4

Husband
 of
 Wife

X

Father's
 Name

Dnt know

Mother's

Maiden Name

Dnt know

Cause of

Primary

Apoplexy -

64

How long sick

3 days -

Death

Immediate

Paralysis of Heart

Accident, Suicide, Homicide

Reported by

Dantlin Buchanan Smith

Address

Frederick

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name *Mary A. Suball*
 Died at *Middleton* Town *Frederick* County
 Date *1902* Month *March* Day *1* Y. *87* M. *87* D. *87* Native of *Maryland* Occupation *Home wife*
 Sex *Female* Race *White* Marital Status *Widow* Number of children living *0*

Husband of *Adam Miller*
 Wife's Name *John W. Suball* Mother's Name *Nancy Miller*
 Cause of Death *Old Age* How long sick *6 days*
 Immediate Cause *Dehydration* T54
 Accident, Suicide, Homicide

Reported by *J. P. Deatty*
 Address *Middleton Frederick Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Bertha May Ellis
 Town *Lebanon* County *Gord. Ky.*

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

24

Age

-

-

3

mo.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

~~Number of children living~~

Husband of

Wife

Father's Name

Chas. Edw. Ellis

Mother's

Maiden Name

Anna Nape

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Inanition

Accident, Suicide, Homicide

Reported by

Address

151

J. O. Hendrix, M.D.
 Frederick, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Oliver Henry Eyles

Died at

Town
Belgar

County
Friedrich

MARYLAND

Date 1902

Month Day
March 23

Age

Y. M. D.
** 5. 15*

Native of

Ind

Occupation

X

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Henry C. Eyles

Mother's

Maiden Name

Sarah J. Potts

Cause of

Primary

Acute Dysentery

Death

Immediate

General Asthenia

How long sick

14 days

Accident, Suicide, Homicide

Reported by

C. A. Stultz, M. D.

Address

Woodford

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Ann Fisher

Died at ^{Town} Emmitsburg ^{County} Frederick MARYLAND

Date 1902 March 13 Month Day Y. M. D. Age 77-11 Native of York Pa. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____

Wife

Father's Name John Fisher

Mother's Maiden Name Lydia Eppley

Cause of Primary

How long sick

4 days

Death Immediate Hypertrophy of Heart

~~Accident, Suicide, Homicide~~

Reported by Mrs. Schelberger

Address Emmitsburg

79
Maryland

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mildred C. Fralby

Died at Calvert Furnace Frederick

MARYLAND

Date 1902 Mar 30 | Age 5 15 | Native of CV | Occupation —

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living 1

Husband of —

Wife

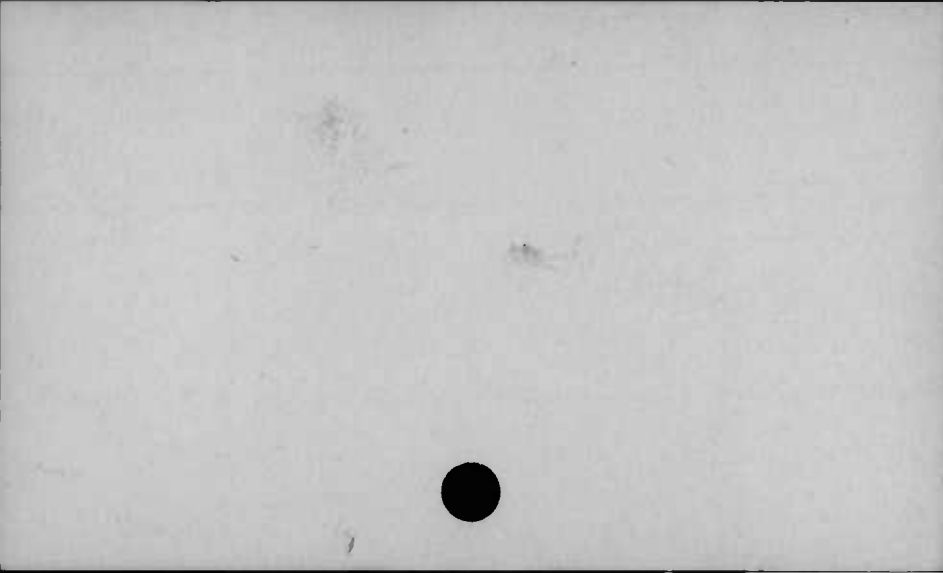
Father's Name Frank Fralby | Mother's Maiden Name Ida Kelly

Cause of Death { Primary Depend. | How long sick 5 months

Death { Immediate Enteritis | Accident, Suicide, Homicide

Reported by Morris A. BirchAddress Thurmont Md. 105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Samuel Frey
 Town County

Died at

Wolfsville

County

Fredrick

MARYLAND

Date 1901

Month

Day

Year

M.

D.

Native of

Occupation

March

14

Age 73

1-11

md

Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Sophia Frey

Jonathan Frey

Elizabeth Ambrose

Cause of

Primary

Senile Gangrene

How long sick

20 weeks.

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Smith, M. D.

Address

Wolfsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lillie Catherine Frigzel
 Town *Emmitsburg* County *Frederick Co.* MARYLAND
 Died at
 Date 19 *12* Month *March* Day *14* Y. *2* M. *14* D. *Ma*
 Age *2* Native of *Ma* Occupation
 Male- White Married Widow Divorced
 Female- Colored- Single Widower Number of children living

Husband of _____
 Wife _____
 Father's Name *Enoch Lowe Frigzel* Mother's Maiden Name *Addie Catherine Plautt*

Cause of Death { Primary *Severe Cold* How long sick *3 days*
 { Immediate *Inflammation of brain* Accident, Suicide, Homicide

Reported by *Wm. Schelbarger M.D.* *61*
 Address *Emmitsburg Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Katie
Town
FrederickGeamer
County

MARYLAND

Died at

Date 19

02 March 23

Month Day

Age

Y. M. D.
15-8-11

Native of

Md

Occupation

MaleWhiteMarriedWidowDivorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Howard Gilbert

Town

County

Wellsville

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

mch 31

Age 35-7-7

Md.

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Vinnie Gilbert

Wife

Father's

Mother's

Name

Ephraim Gilbert

Maiden Name

Sophia Buller

Cause of

Primary

Pulmonary Tuberculosis

How long sick

About 2 yrs.

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Smith, M.D.

Address

Wellsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret Barbara Grier

Town

County

Died at Emmitsburg Frederick

MARYLAND

Date 1902 March 8 Year 83 9 12 Native of Maryland Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Rev Robert S. Grier

Wife

Father's Name John Withers Mother's Name Jane Rob

Cause of Death Primary A gradual decline of the physical & mental powers

How long sick 3 or 4 days

Death Immediate Collapse

Accident, Suicide, Homicide

Reported by Robert S. Annan M.D.

Address Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Selma Grace Grooms -

Town

County

Died at Emmittsburg Frederick Co -

MARYLAND

Date 1902 March 21 Age 0. 7. c

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name G. L. Grooms

Mother's Name Katherine Grooms -

Cause of Primary

How long sick

Death Immediate

Sister Enteritis.

Accident, Suicide, Homicide

Reported by H. H. & S. Stone.

Address Emmittsburg Md. 105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Augustus Harn

Town

County

Died at Unionville Frederick

MARYLAND

Date 1902 March 19

Age

Y. M. D.

73 11 21

Native of

Md.

Occupation

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Singleton Harn

Mother's

Maiden Name

Mariah Harn

Cause of

Primary

acute indigestion

How long sick

3 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Thomas P. Sapington

Address

Unionville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mabel Barbara Harrison

Town

County

Frederick

Frederick

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

27

Age

1

7

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Luther Harrison

Mother's

Maiden Name

May Mottley

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Dr Wm Crawford Johnson

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elias Harshman

Town

County

MARYLAND

Died at Ellertown

Frederick Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

3 - 8

Age 70 - 10 - 27

Frederick Co

Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

8

Husband of

Wife

Susan Warner (decd)

Father's

Mother's

Name

Maiden Name

John Harshman

Elizabeth Grossnickle

Cause of

Primary

General Debility

How long sick

8 weeks

Death

Immediate

Aethenia

~~Accident, Suicide, Homicide~~

Reported by

H. P. Fahrney

MD

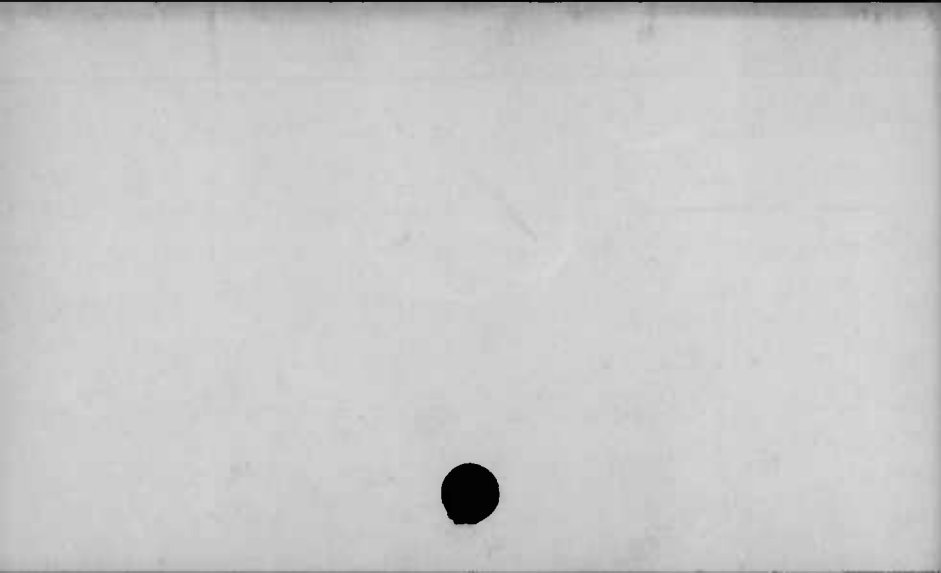
154

Address

Frederick

Note

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Annie Hawkins

Died at

Town *Mountville*

County

Frederick

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

3 - 2

Age

16 -

Md.~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Tuberculosis Pulmonum

How long sick

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

W. P. Fahmy

Address

*Frederick**Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Hedger

Died at

Middletown

County

Frederick

MARYLAND

Date

1902 March 2

Age

59 3 12

Native of

Occupation

Pa. Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Rev. S. A. Hedger

Wife

Father's

Name

L. F. Hill

Mother's

Name

Elizabeth Folk

Cause of

Primary

Chronic Bronchitis

How long sick

About one year

Death

Immediate

General Debility

Accident, Suicide, Homicide

Reported by

Frank Hedger M.D.

Address

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr. _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

John Thomas Hightman
 Died at ^{Town} Near Parkettsville ^{County} Fred Co ^{State} MARYLAND
 Date 1912 ^{Month} Mar ^{Day} 26 ^{Y.} 2. ^{M.} 9. ^{D.} 4 ^{Native of} Ind. ^{Occupation}
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of _____
 Wife _____
 Father's Name Geo. E. Hightman Mother's Maiden Name Minnie May Rocke
 Cause of Death { Primary Broncho - Pneumonia How long sick about 1 week
 Immediate Cerebral Congestion Accident, Suicide, Homicide

Reported by C. M. Schiltneck
 Address Parkettsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alice Hill

Town

County

Died at

MARYLAND

Date 1902 3 7 Age 1 M. D. Native of Md Occupation —
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

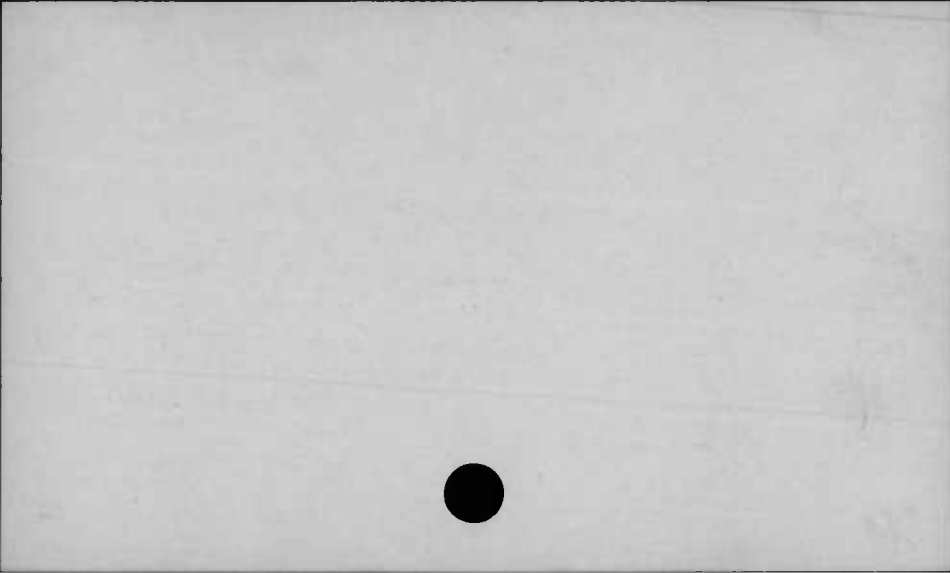
Father's Name John H. Hill Mother's Maiden Name Cora Makel

Cause of Death { Primary Broncho-Pneumonia How long sick Nearly 3 weeks
 { Immediate Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert Lee Hisernace

Town

County

Died at

Near Brunswick

Frederick

MARYLAND

Date 19

12

Month

Day

mch 19

Y.

M.

D.

Age

1

2

Native of

Annapolis

Occupation

none

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robert Hisernace

Maiden Name

Mother's

Nancy Jimbroe

Cause of

Primary

La Grippe

Death

Immediate

meningitis

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

A. H. Horner

MD

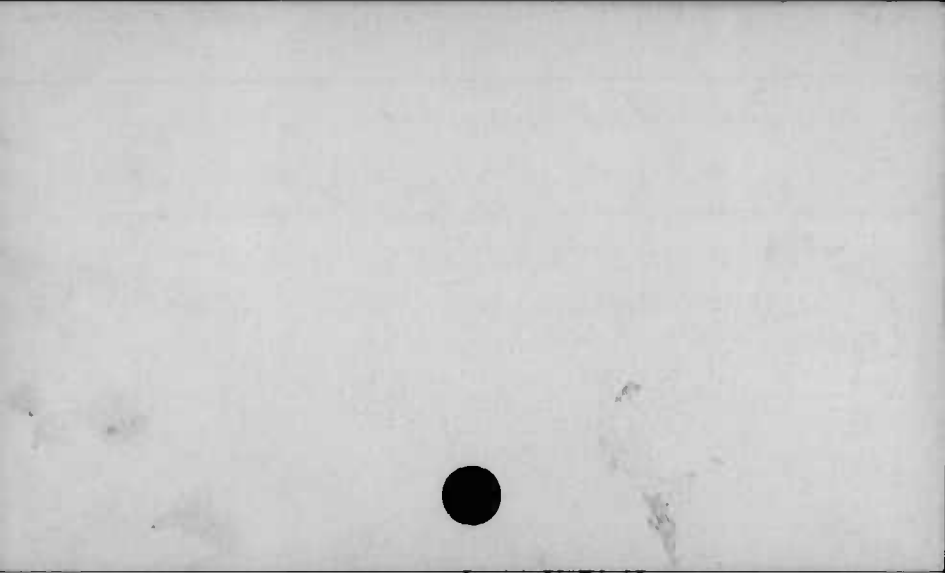
Address

Brunswick

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Peter Hooke

Died at *Emmitsburg*

Town

Fredersburg

County

MARYLAND

Date 19*12* *March* *28*

Month

Day

Age *67-2*

Y.

M.

D.

Native of *York Co.*

Native of

Occupation

Merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*8*Husband of *Frances Anna Rowe*Father's Name *Michael Hooke*

Mother's

Maiden Name

*Sarah Bott*Cause of Primary *Obstruction of Bowels*

How long sick

*4 days*Death Immediate *Gastritis*~~Accident, Suicide, Homicide~~

Reported by

W. Reichebarger M.D.

Address

Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Certificate of Death

James D. Hood.

Town

County

Died at

MARYLAND

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1902	Mar	15		44	8	5	Ind	X

Occupation

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living <i>Four</i>

Husband of *Amie J. Anderson.*
Wife

Father's Name	Mother's Maiden Name

Cause of	Primary	Chronic Endocarditis	How long sick
Death	Immediate	Heart Failure	Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Died at

Francis L. B. Jenkins.
 Town Liberty County Frederick MARYLAND
 Date 1902. 1897 Month Mar Day 25 Age 74.8.10 Native of Fred Co Occupation Laborer.
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living 10

Husband of

Wife of Delfine Jenkins

Father's

Name

Mother's

Name

Cause of

Primary

Infirmities of old age.

How long sick

5 weeks

Death

Immediate

Ephraim.

Accident, Suicide, Homicide

Reported by

Address

J. Shum as Min
 Liberty town Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 1902.

Male

~~White~~

Married

~~Widow~~~~Single~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

now

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

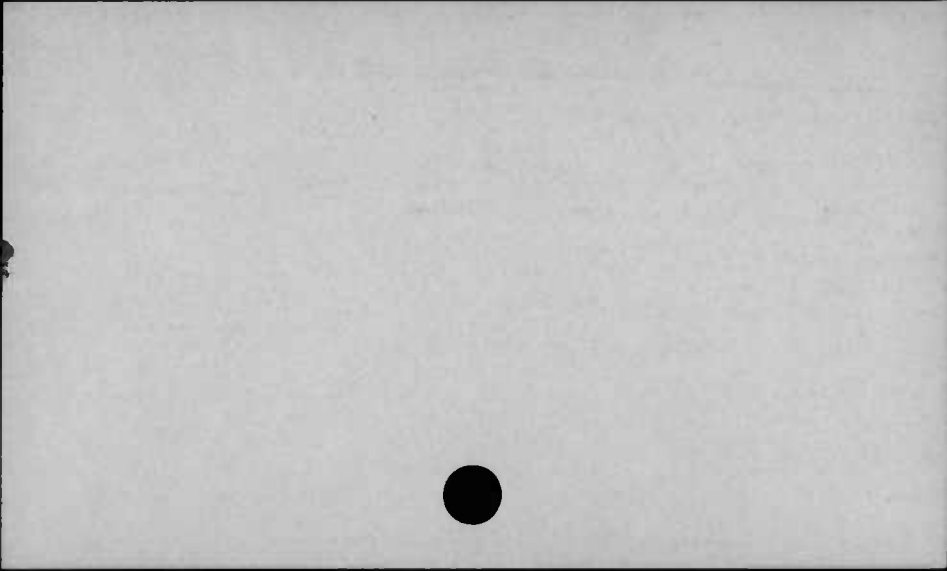
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Geo. W. Jones

MARYLAND

Died at ^{Town} *Montgomery Hospital* ^{County} *Frederick*

Date 1902. ^{Month} *3* - ^{Day} *2* ^{Y.} *65* ^{M.} *X* ^{D.} *X* ^{Native of} *Med.* ^{Occupation} *Laborer*

^{Male} *Female* ^{Widow} *Married* ^{Widow} *Divorced* ^{Number of children living} *4*

Husband of *Unknown*

Wife *Unknown*

Father's Name *Unknown* ^{Mother's} *Unknown*

^{Maiden Name} *Unknown*

Cause of ^{Primary} *Phtisis pulmonum* ^{How long sick} *27*

Death ^{Immediate} *Asphyxia* ^{Accident, Suicide, Homicide} *27*

Reported by *A. P. Fahmy M.D.*Address *Frederick*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Anna Hawkins

4-
15

11-
14



Name In Full

Certificate of Death

Mrs Fanny May Kaufman

Died at ^{Town} Pearl P.O. ^{County} Frederick MARYLAND

Date 19 02 Month 3 Day 31 Age 33 Y. M. D. 3-18 Native of U.S. Occupation Nurse

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living Three

Husband of George L. Kaufman
 Wife
 Father's Name David J. Hunt Mother's Name Anna Rebecca Aubert

Cause of Death { Primary Inflammation of Brain
 Immediate Complications and organ that brain
 Paralysis of Heart.

How long sick one week
 Accident, Suicide, Homicide

Reported by Franklin Buchanan Smith 79
 Address Frederick, MD

Must be signed by physician, if ~~any~~ in attendance, otherwise by coroner, undertaker or minister.



Sarah J. R. Kline
 Died at ^{Town} High Knob ^{County} Frederick MARYLAND

Date 19 ⁰⁴ 3-27 Age ^{Y.} 68 ^{M.} 9 ^{D.} 26 Native of Md. Occupation None
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband of Daniel Kline, Dec'd
 Wife
 Father's Name Archibald Whipp Mother's Maiden Name Annie Moore

Cause of Death { Primary Senile Debility & Acute Bright's Disease
 Immediate ^{visceral} Asthenia & Coma How long sick 6 days
 Accident, Suicide, Homicide

Reported by S. V. Haynes, M.D.
 Address 119 Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Katherine Knott.

Town

County

Died at

Emmitsburg

Frederick -

MARYLAND

Date

1902

Month Day

March 6th

Y.

M.

D.

Age 19-1

Native of

Md

Occupation

House maid.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

John D Knott

Mother's

Name

Sarah A Knott.

Cause of

Primary

How long sick

About one year

Death

Immediate

Consumption.

Accident, Suicide, Homicide

Reported by

Dr D E Stone

Address

Emmitsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of

Seen by Coroner.....

of

Information contained in this certificate received

from

of



Name In Full

Certificate of Death

Charles Frederick Lyles.

Town

County

Died at

#306 6th St. Frederick City

MARYLAND

Date 19

22 Mar 1886

Age

17

Native of

Maryland

Occupation

House work

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Noah B. L. Carter

Mother's

Maiden Name

Ann Isabella Carter

Cause of

Primary

Born before time from

How long sick

Daath

Immediate

Heart strain

Accident, Suicide, Homicide

Reported by

Annie Jones

Address

General Allen between 5 & 6th Sts.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name In Full

Certificate of Death

Suburb M. M. Culloh
 Town New London County Frederick

MARYLAND

Died at

Date 1902

Month 3 Day 6

Age

Y.

M.

D.

Native of

Occupation

Male

White

~~Marrd~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Goldsby M. C. Kinnick

Town

County

Died at

Emmitsburg

Frederick

MARYLAND

Date 19

02

Mar. 22

Age

Y.

M.

D.

Native of

Occupation

5'

Md.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Eugene M. C. Kinnick

Mother's

Maiden Name

Cora Troler

Cause of

Primary

Phthisis

How long sick

Death

Immediate

Whooping cough

Accident, Suicide, Homicide

Reported by

Dr. W. E. Stone

Address

Emmitsburg - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

George H. Measell

Town *Acelay Springs* County *Frederick* MARYLAND

Died at Date 19 *04* Month *13* Day *29* Age *70-11-19* Native of *Md.* Occupation *Farmer*
Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☒ Single ☐ Widower ☐ Number of children living *7*

Husband of *Julia Ann C. Staley*
Father's Name *John Measell* Mother's Maiden Name *Morbe Ann Darks*

Cause of Death *Heart disease & Bright's* *Wiscose (chronic)* *Anemia* How long sick *One year*
Immediate ~~Accident, Suicide, Homicide~~

Reported by *S. J. Haffner*
Address *79* *Frederick Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
over LIBRARY BUREAU, 79602

Interment Mar 31st
" at Dubuque
Cemetery

A. T. Rice & Son's

Name in Full

Certificate of Death

Jacob Miles

Died at Fredrick Town Fredrick County MARYLAND

Date 1902 3 24 Month Day Y. M. D. Age 69 7 2 Native of Fred Co Occupation Farmer

Male White Married Widow Divorced Female Colored Single Widower Number of children living 3

Husband of Amin Handley
 Wife of Wm Miles Mother's Name Katherine Danner

Cause of Death Primary Arteriosclerosis Immediate Cerebral Apoplexy

How long sick Death instantaneous
1st stroke 3 yrs ago
Accident, Suicide, Homicide

Reported by W. A. Shonette 64

Address Fredrick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Beuhla Maud Miller

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March 20

Age

4 6 7

Co

child

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband
of

Wife

Father's

Name

Charles R Miller

Mother's

Maiden Name

Anna Robinson

Cause of

Primary

Invasion of bowels

How long sick

5 days

Death

Immediate

Edema.

~~Accident, Suicide, Homicide~~

Reported by

J. M. A. Birch.

Address

Thurmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles Warren Newman

Died at ^{Town} Brunswick ^{County} Frederick MARYLAND

Date 1902 Jan ^{Month} 3 ^{Day} Age 8 ^{Y.} 8 ^{M.} — ^{D.} — Native of Mt Occupation child

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of

Wife

Father's Name

Chr. Warren Newman

Mother's Maiden Name

May Louisa Rogers

Cause of

Primary

Died in a few minutes before arrival

How long sick

not at all

Death

Immediate

3 physicians were before death most likely cardiac trouble

Accident, Suicide, Homicide

Reported by

Address

Jerrin West
Brunswick179
Frederick Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MAR 3 1902

3 me

Name in Full

Certificate of Death

Matusda Mustbaum

Town

County

Died at

MARYLAND

Date 1902 Mar 6 | Age 60 | Native of Indiana | Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Jacob MustbaumMother's Maiden Name Emma Mustbaum

Cause of Death { Primary Artero-sclerosis | How long sick 3 weeks.
 { Immediate Paraplegia | Accident, Suicide, Homicide

Reported by

Address

Reported by Thos. M. Johnson M.D.
 Address Memphis Tenn.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Washington Reeder

Town

County

Died at Near Bolivar

Frederick

MARYLAND

Date 1902	Month 3	Day 22	Age 69	Y. 5	M. 1	D.	Native of Md	Occupation Cooper
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower				Number of children living 1	

Husband of Mary Amanda House (nee Reeder)
 Father's Name Frank Reeder Mother's Name Elizabeth Danner

Cause of Death	Primary	General Debility	How long sick 6 Years
	Immediate	Heart Failure & collapse	Accident, Suicide, Homicide

Reported by Wm J Mock (Undertaker)

Address Middletown Md.

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received

from *Family of Cheek* _____

of _____

Name in Full

Certificate of Death

William T. A. S. Papp

Died at ^{Town} Johnsville ^{County} Frederick MARYLAND

Date 19 02 ^{Month} Mar ^{Day} 19 | Age ^{Y.} 56 ^{M.} 11 ^{D.} 26 | ^{Native of} Md | ^{Occupation} Laborer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *Three*

Husband of Catherine R. Starr
~~Wife~~

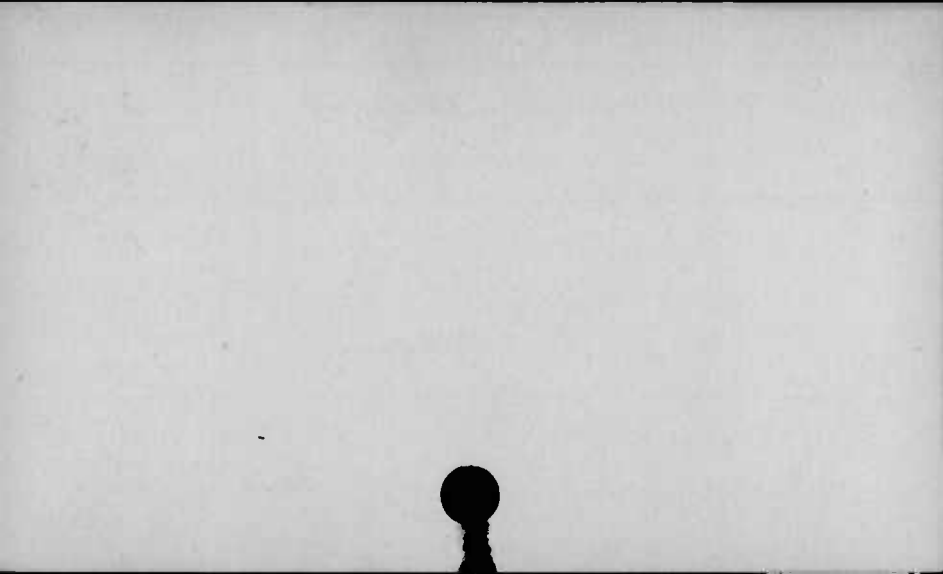
Father's Name Henry Papp Mother's Name Lydia A. Young
 Maiden Name

Cause of Death { Primary Bright's disease | How long sick about 9 mo.
 Immediate Uremia | 20
 Accident, Suicide, Homicide

Reported by F. V. Linder

Address Johnsville Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Walter Rice

Town

County

Died at

Baltimore

Frederick

MARYLAND

Date 19

02

Month

Mar

Day

16

Age

Y.

1-3

M.

D.

Native of

Ind

Occupation

child

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Margaret Rice

Maiden Name

Mother's

M. A. Gorman

Cause of

Primary

Pneumonia. Catarrhal

Death

Immediate

By snow

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Kevin West

Address

Baltimore

Frederick - 9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MAR 16 1902

5 P m

Name in Full

Certificate of Death

Arthur Augustus Robinson

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 23

Age

0 2 6

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Robinson

Mother's

Maiden Name

Hannie Brown

Cause of

Primary

Congestion of lungs

How long sick

3 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Dr Wm C. Crowder, M.D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rollins

Town Frederick County Frederick MARYLAND

Died at Frederick

Date 1902 Month 3 Day 10 Age X Y. X M. 6 D. X Native of Frederick Occupation X

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 10

Husband of X X X
 Wife X

Father's Name Melvin Rollins Mother's Name Nancy Bowie

Cause of Death Primary Malnutrition Immediate Exhaustion How long sick 3 months 151
Accident, Suicide, Homicide

Reported by W.A. Young

Address 37 E. Palmer 87

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Eve Rontzahn

Died at ^{Town} Myersville ^{County} Frederick MARYLAND

Date 1902 ^{Month} March ^{Day} 18 ^{Y.} 80. ^{M.} 10 ^{D.} 0 ^{Native of} Md ^{Occupation} Housewife

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~ ^{Number of children living} 1

~~Husband~~ of George Lewis Rontzahn

Wife

Father's Name John S Coflitz Mother's Maiden Name Elizabeth Culler

Cause of Death { Primary Immediate Apoplexy. 64

How long sick 1 day

~~Accident, Suicide, Homicide~~

Reported by Ralph Brauning.

Address Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Helen Schley

Town

County

Died at Frederick Frederick

MARYLAND

Date 1902 3 15 Y. M. D. Native of Age 62-9-2 Fred Co Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife of Frank Schley

Father's Name

Name

Name Ann E. Stallings

Cause of Primary Heart-Disease

How long sick

10 days

Death Immediate Angina Pectoris

~~Accident, Suicide, Homicide~~

Reported by U. A. Shoneth M.D.

Address Frederick Md

79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

George C. J. Seidling

Town

County

Died at

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 10th

Age

73 6

Frederick Taylor

Taylor

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband of

Christina

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old Ayle

How long sick

Today

Death

Immediate

acute Bronchitis

Accident, Suicide, Homicide

Reported by

Frank Hedger M.D.

Address

Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73883



Name in Full

Certificate of Death

George Elias Smith

Town

County

Died at

Bradock

Frank

MARYLAND

Date 1902 Month 3 Day 9 Y. 82 M. 6 D. 29 Native of Md Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband

of

Mary Ann Lumbert

Wife

Father's

Name

John Smith

Mother's

Name

Charlotte Smith

Cause of

Primary

Acute Indigestion

How long sick

1 1/2 hours

Death

Immediate

Pneumonia of Heart

Accident, Suicide, Homicide

Reported by

W. J. Sordell MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Internment at Mt Zion.

" Near 11th 1902

A. F. Price & Sons.

Please excuse lateness

Name In Full

Certificate of Death

Died at *Fredrick* Town *Fredrick* County *MARYLAND*
 Date 189 *2* — Month *3* Day *8* Age *—* Y. *—* M. *—* D. *5* Native of *Fredrick* Occupation *—*
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced
 Number of children living

 Husband
 of
 Wife

 Father's Name *Thomas Snowden*

 Mother's Name *Mary O Snowden*

Cause of Primary

How long sick

Death Immediate

Spasm

Accident, Suicide, Homicide

Reported by *W. W. Leary Jr*Address *Fredrick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Barrie Matilda Springer

Town

County

MARYLAND

Died at Emmitsburg Frederick

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 March 15 Age 16 3 12 Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's Name George S Springer

Mother's
Maiden Name Fanny L Lantry

Cause of Death { Primary Complication of diphtheria

How long sick

4 or 5 months

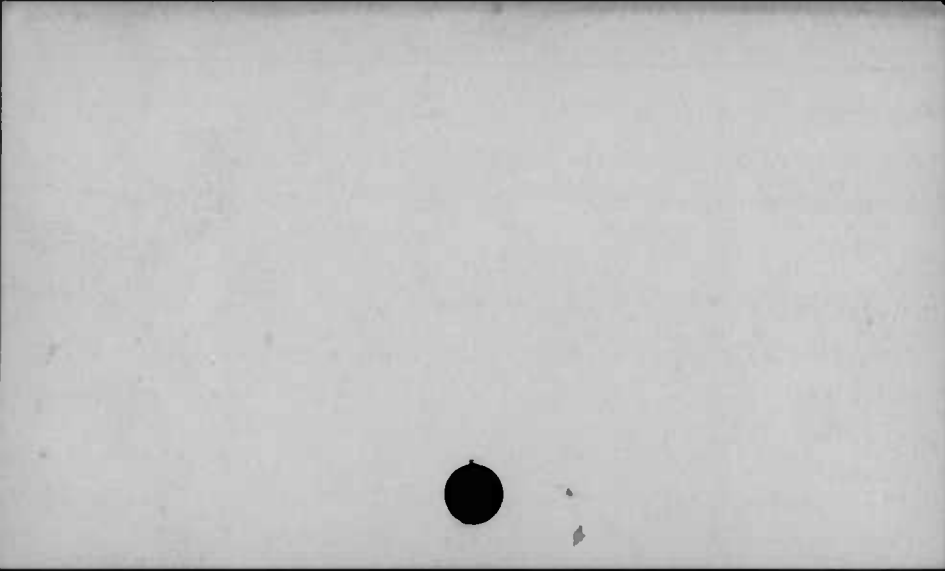
Death { Immediate Unknown

~~Accident, Suicide, Homicide~~

Reported by Robert L. Annan M.D.

Address Emmitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Geo Stephenson

Town

County

Pleasant Fields - Frost Co - Md MARYLAND

Died at

Date 1902 Month March Day 02 Y 46 M 23 D 23 Native of Maryland Occupation Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband

of

Kitty Ann Stephenson

Father's

Mother's

Name

Name

George Stephenson Mother's Name Mary Ann Stephenson

Cause of

Primary

Heart disease

How long sick

Three days

Death

Immediate

" "

Accident, Suicide, Homicide

Reported by

Mr. Whithier m d

Address

Harrowview Frost Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name In Full

Certificate of Death

Maud Estelle Spue

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

3 - 1

Age

11 - 8

Md.

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cornelius Spue

120

Prun

Cause of

Primary

Nephritis

How long sick

4 weeks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

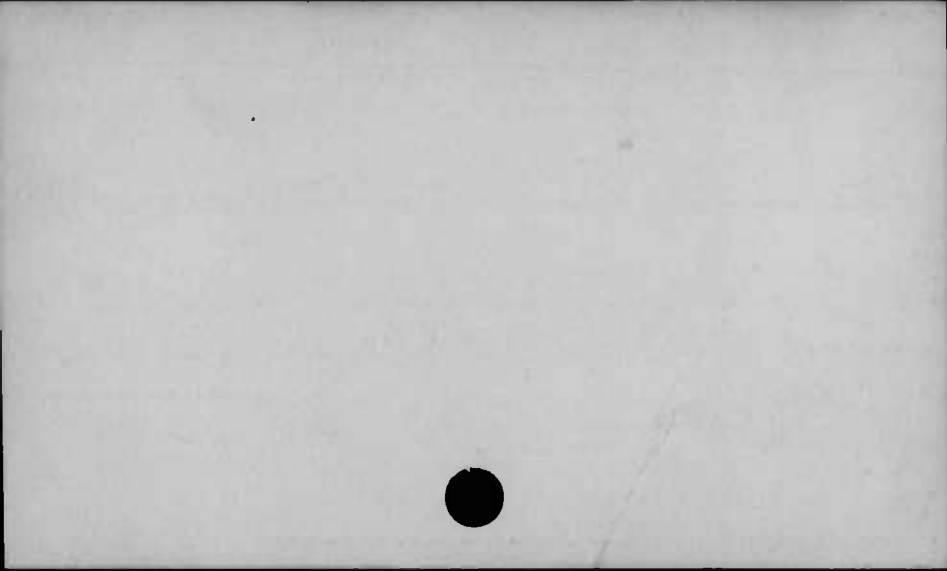
Reported by

L. T. Haffner, M.D.,
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79629



Summers-

Died at ^{Town} *Pearle* ^{County} *Frederick* - MARYLAND

Date 1902 ^{Month} *3* ^{Day} *20* ^{Y.} *6* ^{M.} *hours* ^{D.} *US* ^{Native of} *US* ^{Occupation} *x*

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
^{Female} ~~Colored~~ ^{Single} ~~Widower~~ ^{Number of children living}

Husband of
 Wife */*

Father's Name *Wm H. Summers* Mother's Maiden Name *Mary P Brandenburg*

Cause of ^{Primary} *Uterine tumor* *150* ^{How long sick} *6 hours*
 Death ^{Immediate} ^{Accident, Suicide, Homicide}

Reported by *Franklin Buchanan Smith*
 Address *Frederick Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arla C. Thomas

Town

County

Died at

MARYLAND

Frederick City

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 17

Age 28

--

U. S.

X

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Chas Thomas

Unknown

Cause of

Primary

Phthisis Pulmonalis of
Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Franklin Buchanan Jr

Address

Frederick City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lydia J. Toulson

Town

County

Died at

Mount Hope Hospital

Frederick

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3-6

Age

30

X

X

Md.

Servant

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

none

~~Husband~~

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Unknown

Unknown

Cause of

Primary

Phtisic pneumonia

How long sick

Death

Immediate

asthenia

Accident, Suicide, Homicide

Reported by

H. P. Fahrney Md
Frederick

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Rosie Belle Hastler

Town

County

Died at

Yellow Springs

Baltimore

MARYLAND

Date 19

04

Month

Day

Y.

M.

D.

Native of

Occupation

31-18

Age

20-10-22

Md.

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

David Hastler

Mother's

Maiden Name

Palmer

Cause of

Primary

Typhoid Fever

How long sick

3 mos.

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

S. V. Haffner M.D.

Address

Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



Daisy May Warner
 Town County

Died at *Greagustown* *Frederick* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1902 *March 29* Age *26-9-12*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~ *Widow*
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *None*

~~Husband~~ of *G. Clarence Warner* 41
 Wife

Father's Name *William H. Stutz* Mother's Maiden Name *Savilla Train*

Cause of Death { Primary *Rectal Cancer* How long sick *About 5 months*

Death { Immediate *General Asthenia* Accident, Suicide, Homicide

Reported by *C. A. Stutz M.D.*

Address *Woodward* *Id.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clifton White

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1902

Month

Day

3 18

Age

Y. M. D.

2 - X - X

Native of

Frederick

Occupation

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Clifton White

Mother's

Maiden Name

Nannie Simonson

Cause of

Primary

Unknown

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. C. Carty - J.D.

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Anna Mary Miller

Town

County

Died at

MARYLAND

Date 19 02 3 14 Age 6 9 14 Native of Md Occupation _____

Male White Married Widow Divorced Number of children living _____

Female Colored Single Widower

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hallie F. H. Williams

6,

Died at ^{Town} New London

County Frederick

MARYLAND

Date ¹⁹⁰² 1902 Month 3 Day 24 Age Y. 2 M. 8 D. 8 Native of Ma Occupation —

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
ofWife
Father's
Name

Horace Williams

Mother's
Name

Georgiana Thomas

Cause of Primary

How long sick

3 days

Death Immediate

Convulsions

71

~~Accident, Suicide, Homicide~~

Reported by

Downey & Hopkins

Address

New Market

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Maria L. Williams

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 - 28

Age 84-9-

Md.

None

~~Male~~

White

~~Married~~

Widow

~~Unmarried~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Senile Debility

How long sick

2 years

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

Address

154

S. V. Haffner, M.D.
Branich,
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name In Full

Certificate of Death

Name In Full *Charles E. Wolfe*
 Died at *Montgomery Hospital* Town *Frederick* County *MARYLAND*
 Date 19*02* Month *3* Day *10* Y. *73* M. *X* D. *X* Native of *Ind* Occupation *Painter*
 Male *White* Married *Widow* ~~Divorced~~ Number of children living *3*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of *Unknown*
 Father's Name *Unknown* Mother's Maiden Name *Unknown*
 Cause of Death { Primary *Mitral Disease* How long sick *5 years*
 Immediate *septicaemia* *79* ~~Accident, Suicide, Homicide~~

Reported by *H. P. Fahmy*
 Address *Frederick* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

777 Oliver Cemetery

March 11 1902

Name in Full

Certificate of Death

Esther V. Grady

Town

County

Died at

Brunswick

MARYLAND

Date 19

02 *March* *19*

Age

3

Y.

M.

D.

Native of

American

Occupation

None

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Frank Grady

Mother's

Maiden Name

Rosa Brown

Cause of

Primary

How long sick

3 weeks

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

A. G. Hopkins

MD

Address

Brunswick

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MAR 19 1902

4 30 ~~P~~ M

Name in Full

Certificate of Death

Jonas Frank Young

Died at ^{Town} near Middletown ^{County} Frederick's MARYLAND

Date 1902	Month 3	Day 7	Age 58-9-0	Y. M. D.	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower		Number of children living 10	

Husband of *Annie Sophia Digler*

Father's Name	<i>Hezekiah Young</i>	Mother's Name	<i>Malinda Castle</i>
---------------	-----------------------	---------------	-----------------------

Cause of	Primary	<i>Progressive Paralysis</i>	How long sick	<i>3 days</i>
Death	Immediate	<i>Terminal infection</i>	Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

(Unknown) found at Lime Kiln

Died at ^{Town} Montrose, ^{County} Frederick Co MARYLAND

Date 19 02 - 8 - 8 Age 52 x x
Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Unknown
Father's Name Unknown Mother's Name Unknown
Maiden Name Unknown

Cause of Death { Primary Paralysis 66
immediate Apnora
How long sick
Accident, Suicide, Homicide

Reported by W. P. Falsney
Address Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

